

CNIPS

Child and Adult Care Food Program Claim Submission Training

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
October 2012

Welcome to CNIPS Claims Submission!

- ▶ What you'll need to complete your monthly claim
- ▶ New CACFP Claim Form for Non Profit, For Profit and Adult Day Care Sponsors
- ▶ Claims submission tutorial

What you need...

- ▶ Internet accessible device with Internet browser (Internet Explorer, Firefox, Safari, etc.)
 - We recommend using your computer
- ▶ CNIPS User ID
 - The same one used during the application process
 - No more NH ID's (NHX##CC, NH#X#PC, NHUXXAC)
- ▶ Approved Application
 - If you make ANY changes to your application you MUST contact your consultant to re-approve your application before you can file a claim.

New CACFP Claim Form

- ▶ Redesigned to complement CNIPS claim with everything you need for claim entry
- ▶ Site based – NOT sponsor based
 - If you have more than one site you will need to complete one form for each site
- ▶ Includes cues of information sources
- ▶ Monthly Financial Information will be reported quarterly
 - ▶ Info will be sent in a future training
- ▶ Makes claim entry easier

Kentucky Department of Education - Division of School and Community Nutrition
CACFP REPORT AND CLAIM FOR REIMBURSEMENT

Original claims are to be submitted by the 15th of each month. Corrections are to be submitted by the 30th of each month.
 (702 KAR 6:110)

CPT, 500 Mero Street
 Frankfort, KY 40601

Phone: (502) 564-5625
 Claims Fax: (502) 564-8919

CNIPS ID:	Claim Month/Year:
Sponsor Name:	Site Name:
DBA (Optional):	Site Address 1:
Physical Address:	Site Address 2:
Phone Number:	

Attendance Reporting Information taken from site Form 17-9

Total Days of Operation:
 Total Attendance:

Number of Enrolled Participants in Each Reimbursement Category Information taken from site Master Roster

Free Category:
 Reduced Category:
 Paid Category:
 Total Enrolled: Total enrolled should equal free + paid + reduced

Child Meals/Snacks Served Information taken from site Form 17-9

Breakfast:
 AM Snack:
 Lunch:
 PM Snack:
 Supper:
 Evening Snack:

At Risk Centers Only

Snack:
 Supper:

Checklist

1. Have you verified your data entry for accuracy?
 2. If faxing, have you signed and dated the form?

I certify that the information on this voucher is true and correct to the best of my knowledge, that records are available to support this voucher, that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

ORIGINAL Signature of Sponsor Representative: Title: Date:

Claims Submission

Returning Users: Log On

User ID:

Password:

Log On

Welcome to CNIPS!
Last Updated: 5/1/2012

Please login to the system using the username and initial password provided to you at CNIPS training. Upon a successful login you will be asked to change your password. See our password policy below. If you have forgotten/lost your user ID or password please contact the COT Help Desk.

Links

- Need Help?
- SNP Program Resources
- CACFP Program Resources
- SFSP Program Resources
- Training Registration

Need Help?

- Lost or forgotten passwords - Contact the COT Help Desk at (502) 564-7576. Questions on the CNIPS system application should be directed to the SCN Help Desk at (502) 564-5625.

Maintenance Window

- KY-CNIPS will be unavailable each Tuesday and Thursday evening from 6:30pm to 7:30pm (EST) for regular maintenance.

► PICK A DAY!

- *Please don't wait until the 15th (first Friday, 5th or 10th of the month, etc.)*

► Log Onto CNIPS

- <https://cnips.education.ky.gov/>
- Bookmark or save this to your favorites

Claims Submission

Child and Adult Care Food Program

KENTUCKY DEPARTMENT OF EDUCATION

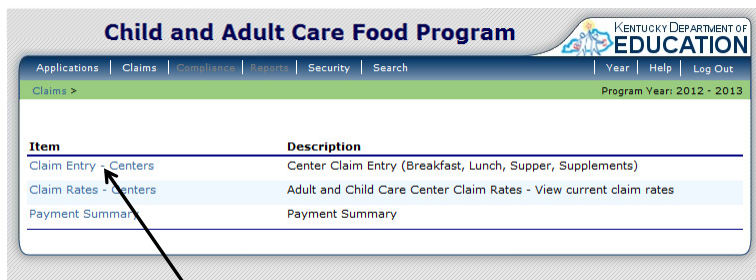
Applications | **Claims** | Compliance | Reports | Security | Search | Year | Help | Log Out

Welcome to the Child Nutrition Information and Payment System

Welcome to the Child and Adult Care Food Program module!
Last Updated: 3/13/2012

Click on Claims

Claims Submission



Click on Claim Entry – Centers

Claims Submission

Click on the month you are claiming

The screenshot shows the 'Child and Adult Care Food Program Claim Year Summary for 2012 - 2013'. The table lists months from Oct 2012 to Sep 2013, with columns for Claim Month, Adj Number, Claim Status, Date Received, Date Processed, and Earned Amount. An arrow points to the 'Oct 2012' row.

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2012					\$0.00
Nov 2012					\$0.00
Dec 2012					\$0.00
Jan 2013					\$0.00
Feb 2013					\$0.00
Mar 2013					\$0.00
Apr 2013					\$0.00
May 2013					\$0.00
Jun 2013					\$0.00
Jul 2013					\$0.00
Aug 2013					\$0.00
Sep 2013					\$0.00
Year to Date Totals					\$0.00

Claims Submission

Child and Adult Care Food Program
Kentucky Department of Education

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance > Centers > Program Year: 2012 - 2013

Child & Adult Care Food Program
Claim Month Details for October 2012

11190 Status: Active
Golden Years ADCH
DBA:
500 Mero Street
Frankfort, KY 40601
Type of Agency: For Profit Organization
Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Claim Month: October 2012

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

< Back Add Original Claim

Click on the red button that says
Add Original Claim

Claims Submission

- ▶ Choose the site you are ready to enter monthly information
- ▶ Remember, you're entering information by individual site

Child and Adult Care Food Program
Kentucky Department of Education

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance > Centers > Program Year: 2012 - 2013

Child & Adult Care Food Program
Claim Site List for October 2012

11190 Status: Active
Golden Years ADCH
DBA:
500 Mero Street
Frankfort, KY 40601
Type of Agency: For Profit Organization
Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0				

Actions	Site #	Site Name	Type	Errors	Status
Add	1000	Golden Years of Lexington	AC		
Add	1001	Golden Years of Louisville	AC		
Add	1002	Golden Years of Hazard	AC		
Add	1003	Active Day Of Lexington	AC		
Add	1004	Golden Years of Somerset	AC		
Add	1005	Golden Years of Ashland	AC		
Add	1006	Golden Years of Danville	AC		

< Back Continue

Claims Submission

- ▶ Enter the Attendance Information
- ▶ Enter the Enrollment Information
- ▶ TITLE XIX for ADC's Only
- ▶ Enter the Meals Served
- ▶ Click on the red **Save** button

Adult Care Center

Month/Year Claimed: Oct 2012, Adjustment Number: 0, Date Received: , Date Accepted: , Date Processed: , Reason Code:

Attendance Reporting

A1. Total Days of Operation: , Quantity:
 A2. Total Attendance:
 A3. Average Daily Attendance: 0
 A4. Number of Shifts: 1

Number of enrolled participants in each reimbursement category

A5. Free Category: , Quantity: 20
 A6. Reduced Category: , Quantity: 10
 A7. Paid Category: , Quantity: 30
 A8. Total Enrolled: 60

For Profit Centers Only

A9. License Capacity: 60, Quantity:
 A10. Free/Reduced Eligibility: 30, Eligibility: 50 %
 A11. Title XIX/Title XX: , Eligibility: 0 %
☐ Site is not claiming

Adult Meals / Snacks Served

A12. Breakfast: , Total: 0
 A13. AM Snack: , Total: 0
 A14. Lunch: , Total: 0
 A15. PM Snack: , Total: 0
 A16. Supper: , Total: 0
 A17. Evening Snack: , Total: 0

Created By: SCHSpencerADCH on: 10/24/2012 11:27:49 AM Modified By: SCHSpencerADCH on: 10/24/2012 11:27:49 AM

Save Cancel

VIEW | MODIFY | DELETE

Claims Submission

- ▶ No information (ex. - all zeros) should be entered to sites not participating.
- ▶ "Error" means your site information has been entered but will not process further until the errors are corrected.
- ▶ "Validated" means your site info has been entered with no errors.
- ▶ It **DOES NOT** mean your claim is ready to be paid.

Child & Adult Care Food Program
Claim Site List for October 2012

11190 Status: Active
 Golden Years ADCH
 DBA:
 500 Main Street
 Lexington, KY 40501
 Type of Center: For Profit Organization
 Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0				

Actions	Site #	Site Name	Type	Errors	Status
Add	1000	Golden Years of Lexington	AC		
Add	1001	Golden Years of Louisville	AC		
Add	1002	Golden Years of Hazard	AC		
View Modify	1003	Active Day Of Lexington	AC	2	Error
View Modify	1004	Golden Years of Somerset	AC		Validated
View Modify	1005	Golden Years of Ashland	AC		Validated
View Modify	1006	Golden Years of Danville	AC		Validated

< Back Continue

DELETE

Claims Submission

11190 Status: Active
Golden Years ADCH
 DBA:
 500 Mero Street
 Frankfort, KY 40601
 Type of Agency: For Profit Organization
 Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0				

Actions	Site #	Site Name	Type	Errors	Status
Add	1000	Golden Years of Lexington	AC		
Add	1001	Golden Years of Louisville	AC		
Add	1002	Golden Years of Hazard	AC		
Add	1003	Active Day Of Lexington	AC		
View Modify	1004	Golden Years of Somerset	AC		Validated
View Modify	1005	Golden Years of Ashland	AC		Validated
View Modify	1006	Golden Years of Danville	AC		Validated

< Back **Continue** DELETE

- Once you have entered the correct information for the sites your claiming, click the red **Continue** button.

Claims Submission

- All meals from the sites are combined
- The Certification box **MUST** be checked and the red **Submit for Payment** button clicked

Child & Adult Care Food Program
 Claim Month Details for October 2012

11190 Status: Active
Golden Years ADCH
 DBA:
 500 Mero Street
 Frankfort, KY 40601
 Type of Agency: For Profit Organization
 Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0				

Adult Care Center

Meals / Snacks Served	Free (A)	Reduced (B)	Paid (C)	Total (A + B + C)
A1. Breakfast:	306	122	172	600
A2. AM Snack:	1,199	600	1,401	3,200
A3. Lunch:	1,505	722	1,573	3,800
A4. PM Snack:	1,505	722	1,573	3,800
A5. Supper:	0	0	0	0
A6. Evening Snack:	0	0	0	0

Certification

☒ I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

< Back **Submit for Payment**

Claims Submission

Child and Adult Care Food Program
Kentucky Department of EDUCATION

Applications | Claims | **Completed** | Results | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance - Centers > Program Year: 2012 - 2013

Child & Adult Care Food Program
Claim Month Details for October 2012

11190 Status: Active
Golden Years ADCH
DBA:
500 Mero Street
Frankfort, KY 40601
Type of Agency: For Profit Organization
Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0	10/24/2012	10/24/2012		Original

Confirmation Number: **FD61LR**
Thank you for your **October 2012** Claim Submission.
An email confirmation has been sent to: **jdonnelly@actveday.com**

< Modify Claim Finished

- ▶ Once the claim has been successfully submitted you will see this screen
- ▶ An email will be sent to the person designated as claim preparer on the application
- ▶ Click on the **Finished** button

Claims Submission

- ▶ Status of **Accepted** means your claim has successfully been entered
- ▶ Click on **Summary** to see a breakdown of your claim

Child and Adult Care Food Program
Kentucky Department of EDUCATION

Applications | Claims | **Completed** | Results | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance - Centers > Program Year: 2012 - 2013

Child & Adult Care Food Program
Claim Month Details for October 2012

11190 Status: Active
Golden Years ADCH
DBA:
500 Mero Street
Frankfort, KY 40601
Type of Agency: For Profit Organization
Agreement Type: Sponsor of Affiliated & Unaffiliated Sites

Claim Month: October 2012

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
Summary	0	10/24/2012	10/24/2012		\$10,875.75	Accepted
Total Earned					\$10,875.75	

< Back

Claims Submission

- ▶ This is a compilation of meals and a breakdown of reimbursement amounts.
- ▶ You will no longer receive a voucher in the mail.

11100 Status: Active Golden Years ADCH DBA: 350 Hero Street Frankfort, KY 40603 Type of Agency: For Profit Organization Agreement Types: Sponsor of Affiliated & Unaffiliated Sites					
Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Oct 2012	0	10/24/2012	10/24/2012		Original
Confirmation #: FD61LR					
Adult Care					
Sponsor Totals		Meals/Snacks		Federal Rate	Reimbursement Amount
Breakfast					
Free		306		1.5500	474.30
Reduced		122		1.2500	152.50
Paid		172		0.2700	46.44
	Total	600			673.24
AM Snack					
Free		1,199		0.7800	935.22
Reduced		600		0.3900	234.00
Paid		1,401		0.0700	98.07
	Total	3,200			1,267.29
Lunch					
Free		1,505		2.8600	4,304.30
Reduced		722		2.4600	1,776.12
Paid		1,573		0.2700	424.71
CIL		3,800		0.2275	864.50
	Total	3,800			7,369.63
PM Snack					
Free		1,505		0.7800	1,173.90
Reduced		722		0.3900	281.58
Paid		1,573		0.0700	110.11
	Total	3,800			1,565.59
Claim Reimbursement Total					10,875.75
Sponsor Claim Reimbursement Totals					
Current Claim Reimbursement Total		Meal Reimbursement		CIL Reimbursement	Totals
		10,011.25		864.50	10,875.75
Previous Claim Reimbursement Total		0.00		0.00	0.00
Net Claim Reimbursement Total		10,011.25		864.50	10,875.75

Now let's see it in action...